

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
(Only for nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	70-38	Total Pages	35
First Named Inventor or Application Identifier			
Barin Geoffrey Haskell			
Express Mail Label No.	EM164542510US		

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 19] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings(if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 4]</p> <p>4. Oath or Declaration [Total Pages 4]</p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application(37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i></li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1.33(b)</i></li> <li><input type="checkbox"/> <b>Incorporation by reference</b>(useable if Box 4b is checked) <i>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</i></li> </ul>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy(identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul>	<b>ACCOMPANYING APPLICATION PARTS</b>	
		8. <input checked="" type="checkbox"/> Assignment Papers(cover sheet & document(s))	
		9. <input type="checkbox"/> 37 CFR 3.73(b)Statement <input type="checkbox"/> Power of Attorney	
		10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
		11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement(IDS)/PTO-1449 Citations	
		12. <input type="checkbox"/> Preliminary Amendment	
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
	14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired		
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
	16. <input checked="" type="checkbox"/> Other : Associate Power of Attorney		

**17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:** Continuation  Divisional  Continuation-in-part (CIP) of prior Application No:**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
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NAME	Samuel H. Dworetzky			
ADDRESS	AT&T CORP., P.O.BOX 4110			
CITY	MIDDLETON	STATE	NEW JERSEY	ZIP CODE 07748-4801
COUNTRY	UNITED STATES	FAX 732-957-5505		

**19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Stephen M. Gurey	Reg. #	27336
TELEPHONE	732-957-3924		
SIGNATURE	<i>Stephen M. Gurey</i>	DATE	05/06/1998

"Express Mail" Mailing Label Number EM164542510US

Date of Deposit 05/06/1998

I hereby certify that this Application

Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington D.C. , 20231

*William O'Neal*  
(Printed Name of Person Mailing Paper)

*William O'Neal*

(Signature of Person Mailing Paper)

Complete if Known

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity Statement, otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.

**TOTAL AMOUNT OF PAYMENT** (\$1272.00)

Application Number	
Filing Date	
First Named Inventor	Barin Geoffry Haskell
Examiner Name	
Group/Art Unit	
Attorney Docket No.	70-38-22

**METHOD OF PAYMENT** (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745

Deposit Account Name AT&amp;T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17     Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check  Money Order  Other

**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	790	Utility Filing Fee	790.00
106	330	Design Filing Fee	
107	540	Plant Filing Fee	
108	790	Reissue Filing Fee	
114	150	Provisional Filing Fee	
<b>SUBTOTAL (1) (\$)</b>			<b>790.00</b>

**2. CLAIMS**

		Extra Claims	Fee from below	Fee Paid
Total Claims	27 -20=	7 X	22.00 =	154.00
Independent Claims	7 -3 =	4 X	82.00 =	328.00
Multiple Dependent Claims			=	0

Large Fee Code	Entity Fee(\$)	Fee Description
103	22	Claims in excess of 20
102	82	Independent Claims in excess of 3
104	270	Multiple Dependent Claims
109	82	Reissue independent claims over original patent
110	22	Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		
	<b>482.00</b>	

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	Requesting publication of SIR after to Examiner action	
115	110	Extension for reply within first month	
116	400	Extension for reply within second month	
117	950	Extension for reply within third month	
118	1510	Extension for reply within fourth month	
128	2060	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1320	Petition to revive - unintentional	
142	1320	Utility issue fee (or reissue)	
143	450	Design issue fee	
144	670	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property(times number of properties)	
148	790	Filing a submission after final rejection(37 CFR 1.129(a))	
149	790	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL(3)**

SUBMITTED BY				Complete (if applicable)
Typed or Printed Name	Stephen M. Gurey			Reg. Number 27336
Signature	<i>Stephen M. Gurey</i>	Date 5/6/1998	Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231